Mobile Home Energy Audit Data Collection Form

Initial Audit Date:		Post Date		QCI Date		ODOC QA Date	

Client Name: _____ **Phone:** _____

Job Number: _____

Client Address: _____ OK

Street Lot # City State Zip

Agency Name: _____ **Phone:** _____

CO Testing

	Exterior CO ppm	Interior CO ppm
Initial Audit		
Post Wx		
QCI		
ODOC QA		

Gas Leak Testing - Pass or Fail

Initial Audit	
Post Wx	
QCI	
ODOC QA	

Cookstove

	Oven ppm
Initial Audit	
Post Wx	
QCI	
ODOC QA	

Burners ppm _____ _____ _____ _____

Smoke Alarm(s): _____ # to Install _____ # Present

Location(s): _____

Carbon Monoxide Detector(s): _____ # to Install _____ # Present

Location(s): _____

Fire Extinguisher: _____ # to Install _____ # Present

Location(s): _____

***Identified As Possible Health and Safety Issues**:

- ❒ Heating or Cooling System
- ❒ Water Heater
- ❒ Electrical
- ❒ Illegal Substances Present
- ❒ Building Structure
- ❒ Radon
- ❒ Lead Paint
- ❒ Asbestos
- ❒ Mold and Moisture Issues
- ❒ Combustion Gases / Fuel Leaks
- ❒ Ventilation / Indoor Air Quality
- ❒ Formaldehyde, VOCs, Flammable Liquids
- ❒ Hazardous Material Disposal
- ❒ Biological Contaminants / Pollutants / Pests
- ❒ Injury / Occupant Health and Safety Concerns
- ❒ Client Refusal of Wx Measures
- ❒ Abusive Client / Occupant / Aggressive Pets
- ❒ Code Compliance Issues-List What Specific Code Violation Was Triggered *(see Req. 307 for reference)*

Provide Client Education specific to above checked items, *obtain signature on applicable form* ***AND***
Provide To All clients *:* ***"EPA's A Citizen's Guide to Radon"*** *and obtain signature on applicable form.*
Provide To All clients *:* ***"EPA's Renovate Right"*** *Booklet and obtain signature on applicable form.*
Provide To All clients *:* ***"EPA's A Brief Guide to Mold and Moisture"*** *, obtain signature on applicable form..*

Diagnostics

Blower Door

Projected Post "Target" CFM50 |

	CFM_{50}	Ring	Time AV	Temp.	Wind est.	Comments
Initial Audit						
Post Wx						
QCI						
ODOC QA						

Zonal

	House to Attic	Garage	H/crawl	Other_____	Comment
Initial Audit					
Post Wx					
QCI					
ODOC QA					

Pressure Pan: Register Locations

		Initial pa	Post pa	**QCI**	**ODOC QA**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Room Pressure

	Location	Initial pa	Post pa	**QCI**	**ODOC QA**
1					
2					
3					
4					
5					
6					
7					
8					

CAZ Testing

Ambient CAZ CO	Initial Audit ppm:		Post ppm:		QCI ppm:		QA ppm:	

For multiple combustion WHs or HVACs, Primary = #1, Secndary =#2	↓ Worst Case *CAZ Depressurization:* ↓ *See actions listed below this chart				↓ *Combustion Appliance Testing* ↓ Commonly Vented See Below			
	Manometer CAZ Door Open	*Manometer CAZ Door Closed*	*Manometer w/ Air Handler OFF*	*Manometer w/ Air Handler ON*	*WH Spillage (2 min) Pass or Fail*	*Furnace Spillage (2 min) Pass or Fail*	*WH CO Air Free (5 min)*	*Furnace CO Air Free (5 min)*
Initial Audit								
Day 1 Date:								
Day 2 Date:								
Day 3 Date:								
Day 4 Date:								
Day 5 Date:								
Post Wx Date:								
QCI								
ODOC QA								

***CAZ DOOR:** Leave CAZ Door OPEN or CLOSED during Spillage and CO, based on which reading above is the most NEGATIVE*

***AIR HANDLER:** Leave Air Handler ON or OFF during Spillage and CO, based on which reading above is the most NEGATIVE*

***Commonly Vented Appliances:** Turn on HVAC while testing WH Spillage, after 2 minutes of HVAC running, RETEST WH Spillage then immediately test HVAC Spillage.*

Combustion Air	Vertical	Horizontal	Door	Single	Location	Existing	Required
Initial Audit						in	in
Post Wx						in	in
QCI						in	in
ODOC QA						in	in

Maximum amount of Allowable Duct Leakage

(Mobile Home SF _____ ÷ 500 = ___) X 400 = ___ cfm **X** .06 = _____ Max Leakage
OR Unit Tons_____ **X** 400 = ___ cfm **X** .06 = _____ Max Leakage

Total Duct Leakage Results

Initial Audit	/25	ring A B C	Pre MUST be Actual	
Post Wx	/25	ring A B C	Post MUST be Actual	
QCI	/25	ring A B C	Post MUST be Actual	
ODOC QA	/25	ring A B C	Post MUST be Actual	

Duct leakage to outside Results

Initial Audit	/25	ring A B C	Pre MUST be Actual	
Post Wx	/25	ring A B C	Post MUST be Actual	
QCI	/25	ring A B C	Post MUST be Actual	
ODOC QA	/25	ring A B C	Post MUST be Actual	

Existing Exhaust Fan Flow	CFM: Kitchen	Bath 1 with shower or bath	Bath 2 with shower or bath	Bath 3 with shower or bath	Rooms w/Openable Window(s)	Comment
Initial Audit						
Post Wx						
QCI						
ODOC QA						

If ASHRAE Requires - Ventilation Fan Install

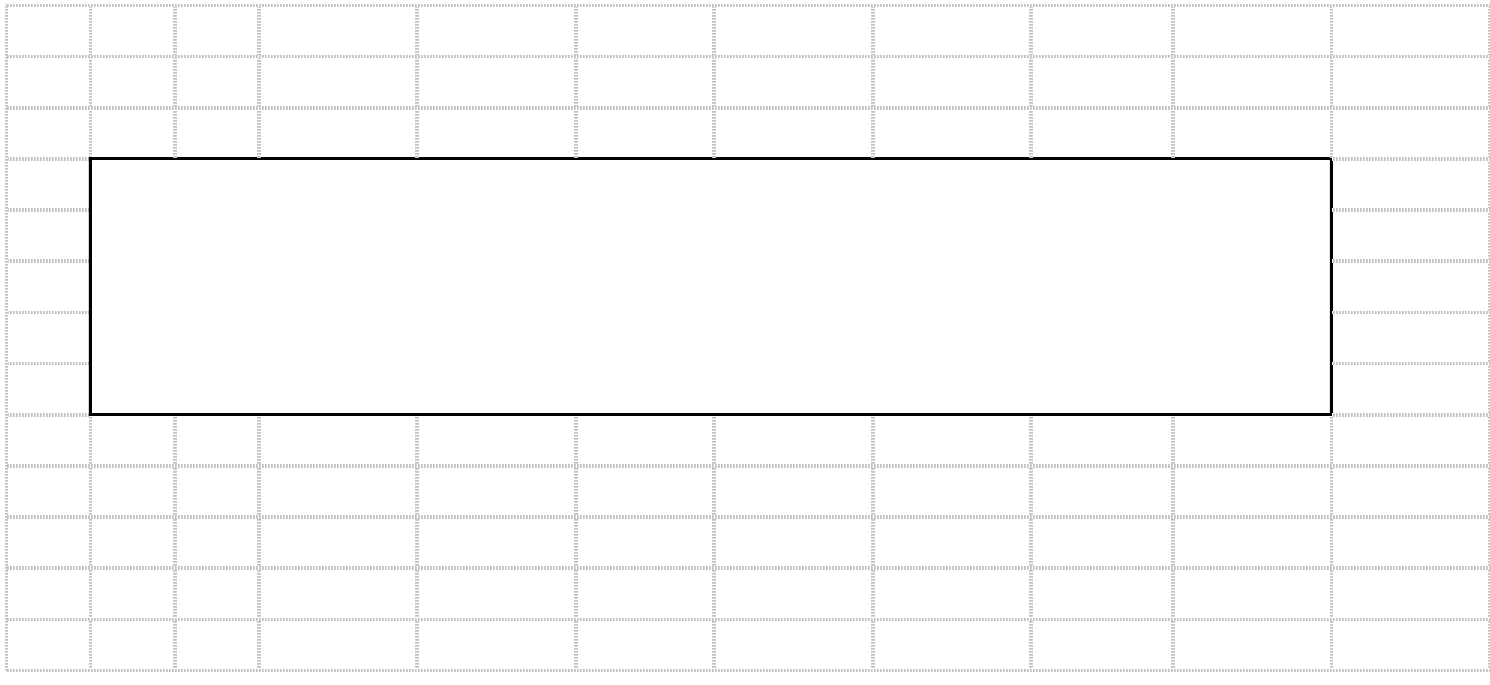
# of Bedrooms + 1 = ___

Continuous Required CFM_____ ***OR Intermittant*** cfm per hr_____ minutes per hr___

	CFM Measured			Switch Plate labeled	Comments
Post Wx			cfm	Yes No	
QCI			cfm	Yes No	
ODOC QA			**cfm**	Yes No	

Site Diagram

↑ **North** **East** **South** **West** ↑



Audit Information:

Dimensions: Length (ft) _____ Width (ft)_____ Exterior Wall Height (ft) _____

Wind Shielding: Well Shielded Normal Sheilding Exposed

Home Leakiness: Tight Medium Loose Outdoor Water Heater Closet ❒

Walls:

Wall Stud Size: 2x2 2x3 2x4 2x6

Orientation of Long Wall: North South East West

Wall Ventilation: Vented Not Vented

Carport

Length (ft) _____

Width (ft) _____

Covered Porch

Length (ft) _____

Width (ft) _____

Existing Insulation:

Batt/Blanket (in) _____

Loose Fill (in) _____

Foam Core (in) _____

Uninsulatable Wall Area (sq ft) _____

Comments:

Ceiling:

Roof Color: White, Reflective, or Shaded Normal or Weathered

Roof Type: Bowstring Flat Pitched

Height of Roof at Center (in): ____

Joist Size 2x4 2x6 2x8

Insulation to Add at Center (in): ____

Existing Insulation:

Batt/Blanket (in) _____

Loose Fill (in) _____

Foam Core (in) _____

Cathedral Ceiling (%) _____

Step Wall Orientation North South East West None

Comments:

Floor:

Floor Joist Direction: Lengthwise Widthwise

Floor Wing Description:

Floor Joist Size 2x4 2x6 2x8

Comments:

Skirting Present ❒

Loose Insulation Thickness (in) _____

Batt/Blanket Insulation Location

Attached to Flooring Between Joists

Attached Under Joists None

Batt/Blanket Thickness (in) _____

Floor Belly (Center) Description:

Floor Joist Size 2x4 2x6 2x8

Belly Cavity Configuration Square Rounded Flat

Condition of Belly Good Average Poor

Maximum Depth of Belly Cavity (in) _____

Loose Insulation Thickness (in) _____

Batt/Blanket Inslation Location

Attached to Flooring Between Joists

Attached Under Joists Draped Below Joists None

Batt/Blanket Thickness (in) _____

Windows:

Window #1 Dimensions: Width (in) _____ Height (in)_____

Number Facing: North _____ South _____ East _____ West _____

Window Type: Jalousie Awning Slider Fixed Door Window Sliding Glass Door Skylight
Frame Type: Wood or Vinyl Metal Improved Metal
Glazing Type: Single Pane with Glass Storm with Plastic Storm Double Pane with Glass Storm with Plastic Storm
Interior Shading: Drapes Blinds or Shades Drapes with Blinds or Shades None
Exterior Shading: Awning Carport or Porch Low E Film Sun Screen None
Leakiness: Very Tight Tight Medium Loose Very Loose

Window #2 Dimensions: Width (in) _____ Height (in)_____

Number Facing: North _____ South _____ East _____ West _____

Window Type: Jalousie Awning Slider Fixed Door Window Sliding Glass Door Skylight
Frame Type: Wood or Vinyl Metal Improved Metal
Glazing Type: Single Pane with Glass Storm with Plastic Storm Double Pane with Glass Storm with Plastic Storm
Interior Shading: Drapes Blinds or Shades Drapes with Blinds or Shades None
Exterior Shading: Awning Carport or Porch Low E Film Sun Screen None
Leakiness: Very Tight Tight Medium Loose Very Loose

Window #3 Dimensions: Width (in) _____ Height (in)_____

Number Facing: North _____ South _____ East _____ West _____

Window Type: Jalousie Awning Slider Fixed Door Window Sliding Glass Door Skylight
Frame Type: Wood or Vinyl Metal Improved Metal
Glazing Type: Single Pane with Glass Storm with Plastic Storm Double Pane with Glass Storm with Plastic Storm
Interior Shading: Drapes Blinds or Shades Drapes with Blinds or Shades None
Exterior Shading: Awning Carport or Porch Low E Film Sun Screen None
Leakiness: Very Tight Tight Medium Loose Very Loose

Window #4 Dimensions: Width (in) _____ Height (in)_____

Number Facing: North _____ South _____ East _____ West _____

Window Type: Jalousie Awning Slider Fixed Door Window Sliding Glass Door Skylight
Frame Type: Wood or Vinyl Metal Improved Metal
Glazing Type: Single Pane with Glass Storm with Plastic Storm Double Pane with Glass Storm with Plastic Storm
Interior Shading: Drapes Blinds or Shades Drapes with Blinds or Shades None
Exterior Shading: Awning Carport or Porch Low E Film Sun Screen None
Leakiness: Very Tight Tight Medium Loose Very Loose

Door #1 Dimensions: Width (in) _____ Height (in)_____ Storm Present ❒

Number Facing: North _____ South _____ East _____ West _____

Door Type: Hollow Core Wood Solid Core Wood Standard Manufactured Home Door Insulated Steel

Door #2 Dimensions: Width (in) _____ Height (in)_____ Storm Present ❒

Number Facing: North _____ South _____ East _____ West _____

Door Type: Hollow Core Wood Solid Core Wood Standard Manufactured Home Door Insulated Steel

Livingroom:

❒ ____# of CFL or LED Replacements in Livingroom Locations:

Specific Air Infiltration Locations: ❒ All Measures are on Notes Page ❒ Detailed Work Order Attached

Bedroom(s): Number of Bedrooms:_____

❒ ____# of CFL or LED Replacements in Bedrooms Locations:

Specific Air Infiltration Locations: ❒ All Measures are on Notes Page ❒ Detailed Work Order Attached

Bathroom(s): Number of Bathooms:_____

❒ ____# of CFL or LED Replacements in Bathroom(s) Bathroom(s) #_____

❒ LowFlow Showerhead(s) Bathroom(s) #_____ ____# Needed ❒ Not Needed

❒ Wx Plumbing Penetrations Bathroom(s) #_____ ____# Needed ❒ Not Needed

❒ Bathroom Exhaust Ventilation Bathroom(s)#____ ____# Needed ❒ Not Needed

Specific Air Infiltration Locations: ❒ All Measures are on Notes Page ❒ Detailed Work Order Attached

Hallway:

❒ ____# of CFL or LED Replacements in Hallway Locations:

Specific Air Infiltration Locations: ❒ All Measures are on Notes Page ❒ Detailed Work Order Attached

Laundry Room:

❒ ____# of CFL or LED Replacements in Laundry Room Locations:

❒ Wx Plumbing Penetrations ❒ Needed ❒ Not Needed

❒ Dryer Vent Replace or Wx ❒ Needed ❒ Not Needed

Specific Air Infiltration Locations: ❒ All Measures are on Notes Page ❒ Detailed Work Order Attached

Kitchen:

❒ ____# of CFL or LED Replacements in Kitchen	Locations:	
❒ Refrigerator Top Freezer / Side By Side	❒ Replace	❒ Don't Replace
Manufacturer	*Model*	
Kwh/yr:____ Age ___yrs Seal: good poor	*Metered: Yes No*	*Meter Min:_____ Kwh:___*
❒ Cookstove Exhaust Ventilation	❒ Needed	❒ Not Needed
❒ Wx Plumbing Penetrations	❒ Needed	❒ Not Needed

Specific Air Infiltration Locations: ❒ All Measures are on Notes Page ❒ Detailed Work Order Attached

Total # of CFL's / LED's Needed____

Primary Heatng System

Manufacturer *Model #* *Serial #*

Existing Unit Type: ❒ Wall ❒ Floor ❒ Central	❒ Heat Pump ❒ Forced Air ❒ Electric Portable	❒ Unvented Space Heater ❒ Vented Space Heater ❒ Wood or Pellet Sove
❒ Unconditioned Space	❒ Heated Space	❒ Unintentionally Heated Space
Fuel Type:	❒ **Electric**	❒ **Natural Gas**
Drip Leg Sediment Trap Present ❒	❒ **Propane (LP)**	❒ **Wood**
Input Units:	❒ No Input	❒ kBTU/Hr Gals/Hr Kw Other
Input Rating: _____		Output Capacity: _____
	Efficiency Rating %: 90 80 70	Actual Measured Efficiency:_____%
Heat Pump HSPF or Yr Purchased: _____		❒ Working ❒ Not Working
	❒ Pilot / IID	❒ Retention Head Recommended
Condition:	Good Fair Poor	❒ Programmable Thermostat Present
Duct Location:	❒ **Floor** ❒ **Ceiling**	❒ **Wall**
Duct Insulation:	❒ **None** ❒ **Above**	❒ **Below**

Audit Notes:

Secondary Heating System

Manufacturer *Model #* *Serial #*

Existing Unit Type: ❒ Wall ❒ Floor ❒ Central	❒ Heat Pump ❒ Forced Air ❒ Electric Portable	❒ Unvented Space Heater ❒ Vented Space Heater ❒ Wood or Pellet Sove
❒ Unconditioned Space	❒ Heated Space	❒ Unintentionally Heated Space
Fuel Type:	❒ **Electric**	❒ **Natural Gas**
Drip Leg Sediment Trap Present ❒	❒ **Propane (LP)**	❒ **Wood**
Input Units:	❒ No Input	❒ kBTU/Hr Gals/Hr Kw Other
Input Rating: _____		Output Capacity: _____
	Efficiency Rating %: 90 80 70	Actual Measured Efficiency:_____%
Heat Pump HSPF or Yr Purchased: _____		❒ Working ❒ Not Working
	❒ Pilot / IID	❒ Retention Head Recommended
Condition:	Good Fair Poor	❒ Programmable Thermostat Present
Duct Location:	❒ **Floor** ❒ **Ceiling**	❒ **Wall**
Duct Insulation:	❒ **None** ❒ **Above**	❒ **Below**

Cooling System(s)

Unit 1: □ Central Unit □ Window A/C □ Heat Pump

Manufacturer *Model #* *Serial #*

Size (kBTU/hr) _____ *SEER* _____ *or EER* _____ *or Year* _____ *Area Cooled* _____

Duct Location: ❒ **None** ❒ **Floor** ❒ **Ceiling** ❒ **Wall**

Duct Insulation: □ **N/A** ❒ **None** ❒ **Above** ❒ **Below**

Unit 2: □ Central Unit □ Window A/C □ Heat Pump

Manufacturer *Model #* *Serial #*

Size (kBTU/hr) _____ *SEER* _____ *or EER* _____ *or Year* _____ *Area Cooled* _____

Duct Location: ❒ **None** ❒ **Floor** ❒ **Ceiling** ❒ **Wall**

Duct Insulation: □ **N/A** ❒ **None** ❒ **Above** ❒ **Below**

Unit 3: □ Central Unit □ Window A/C □ Heat Pump

Manufacturer *Model #* *Serial #*

Size (kBTU/hr) _____ *SEER* _____ *or EER* _____ *or Year* _____ *Area Cooled* _____

Duct Location: ❒ **None** ❒ **Floor** ❒ **Ceiling** ❒ **Wall**

Duct Insulation: □ **N/A** ❒ **None** ❒ **Above** ❒ **Below**

Unit 4: □ Central Unit □ Window A/C □ Heat Pump

Manufacturer *Model #* *Serial #*

Size (kBTU/hr) _____ *SEER* _____ *or EER* _____ *or Year* _____ *Area Cooled* _____

Duct Location: ❒ **None** ❒ **Floor** ❒ **Ceiling** ❒ **Wall**

Duct Insulation: □ **N/A** ❒ **None** ❒ **Above** ❒ **Below**

Audit Notes:

Water Heater 1

Manufacturer *Model #* *Serial #*

Fuel Type: ❒ Electric ❒ Natural Gas ❒ Propane (LP)

Location Description(s):_____

❒ Unconditioned Space ❒ Heated Space ❒ Unintentionally Heated Space

# of Gallons Existing: _____ ❒ kBTU / kW

Rated Input : _____ Energy Factor: _____

Recovery Efficiency %: _____ ❒ Unit Working Not Working

R - Value: _____ Estimated Actual Efficiency:_____%

Drip Leg Sediment Trap Present ❒

Water Heater Wrap: ❒ Present ❒ Not Present

Water Heater Pipe Insulaton: ❒ Present ❒ Not Present

Water Heater 2

Manufacturer *Model #* *Serial #*

Fuel Type: ❒ Electric ❒ Natural Gas ❒ Propane (LP)

Location Description(s):_____

❒ Unconditioned Space ❒ Heated Space ❒ Unintentionally Heated Space

# of Gallons Existing: _____ ❒ kBTU / kW

Rated Input : _____ Energy Factor: _____

Recovery Efficiency %: _____ ❒ Unit Working Not Working

Existing R - Value: _____ Estimated Actual Efficiency:_____%

Drip Leg Sediment Trap Present ❒ Not Present ❒

Water Heater Wrap: ❒ Present ❒ Not Present

Water Heater Pipe Insulaton: ❒ Present ❒ Not Present

Audit Notes:

Electrical

❒ Breaker Box - Voltage/Amps:_____ Location _____

Additional Instructions / Notes:

❒

❒

❒

❒

❒

❒

❒

❒

❒

❒

❒

MHEA Audit Recommendation Deviations	
❒	MHEA Recommendation:
	Reason for Deviation:
❒	MHEA Recommendation:
	Reason for Deviation:
❒	MHEA Recommendation:
	Reason for Deviation:
❒	MHEA Recommendation:
	Reason for Deviation: